

SYDNEY PROJECT

Membership & Renewal Form

Page 1 of 2

New Member: Nominated by: **Renewing Member**

Diving Member **Associate (Non diving) Member** **Visitor/Guest**

Member

Name:

First

Middle

Last

Address:

City:

State:

P/Code:

Country:

Phone: () -

Mob:

Email:

Birth date: / /

Sex: M: F:

Occupation:

Marital Status: Single Married Other

No. of Dependents:

Emergency Contact:

Contact Phone:

Relationship to Contact:

DAN #:

DiveSafe #:

Divers to list any medical conditions that may increase your risk or limit your recovery in the event of an accident: (eg: diabetes, allergies, spinal issues, any DCS incident & date, prescribed medications, etc):

Dive Training History

(New Member to List All Training, Renewing Member to List any training since last membership/renewal)

Instructor Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

SYDNEY PROJECT

Membership & Renewal Form

Page 2 of 2

Personal Dive History

(New Member List your diving experience, Renewing member summarise last 12 months)

Total Summary of Dive Details To Date:

# Dives:	# Dives >40m:	# Mix Dives:	# Dives >80m:
Max Depth:	# CCR Dives:	# CCR Mix Dives:	# CCR Dives >60m:

Last 12 Months:	#Dives:	#Mix Dives:	# CCR Dives:
-----------------	---------	-------------	--------------

Application Checklist

(Please initial each line)

Diver & Emergency Contact Details completed

Dive Qualifications & Experience Details completed

Appropriate Joining &/or Membership Fees attached

I have attached a Sydney Project RSTC Medical Statement and where any question has a "Yes" answer a Diving Medical as defined by AS4005.1 completed within the last 12 (twelve) months

I have read, understood, completed, signed & attach the annual **Sydney Project Acceptance of Risk and Waiver Release Form**

Signoff

As indicated by my signature below, I accept that am mentally and physically prepared to undertake dives with the Sydney Project and do so of my own free will and personal choice and undertaking any dive with the Sydney Project in no way implies any liability or responsibility on the Sydney Project itself, my instructors or any Team Member or associated entity.

Signature & Date - Renewing/New Member: / /

Signature & Date - Board Member/Secretary: / /